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RESET

SUBMIT

To better serve you, please provide as much information as possible when placing your order.

Date: _____

Ordered by: _____
 Company: _____
 Phone: _____

Closing Date: _____

Type of Transaction:
 Refinancing
 Purchase
 Foreclosure
 Other: _____

Service Requested:
 Continuation of Abstract
 Preliminary Continuation
 Final Continuation
 Other: _____
 Stub Abstract
 Root of Title/New Abstract
 Title Report
 Fax delivery
 Mail delivery
 Email delivery address:

Form 900/901 Title Report (Title Guaranty)
 Fax delivery
 Mail delivery
 Email delivery address:

 Custom Order: _____

Titleholder(s):

Buyer(s):

Buyer Search: YES
 NO

Legal Description:

Property Address:

Closing Agent: _____
 Address: _____
 Address: _____
 Phone: _____
 Fax: _____
 Contact person: _____

Real Estate Company: _____
 Address: _____
 Address: _____
 Phone: _____
 Fax: _____
 Contact person: _____

Lender: _____
 Address: _____
 Address: _____
 Phone: _____
 Fax: _____
 Contact person: _____

Law Firm: _____
 Address: _____
 Address: _____
 Phone: _____
 Fax: _____
 Contact person: _____

Deliver to:
 Law Firm
 Real Estate Company
 Lender
 Closing Agent
 Other:

Bill to:
 Law Firm
 Real Estate Company
 Lender
 Closing Agent
 Other:

Other Instructions:

Filing Instructions

Payment enclosed for:
 Transfer Taxes (Rev. Stamps) \$ _____
 Filing Fees \$ _____
 Taxes \$ _____
 Abstracting Fees \$ _____
 Other _____ \$ _____
 Other _____ \$ _____

Upon Filing Notify: _____
 Phone: _____

Hold Final Abstracting for Release of:
 Mortgage as Inst. No. _____
 Mortgage as Inst. No. _____
 Mortgage as Inst. No. _____
 Other: _____
 Other: _____